

1393

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Globe, Arizona
(Registration District)

No.

St.

SEX OF CHILD* Boy ☐ Twin ☐ Triplet ☐ or other? ☐ and ☐ Number
in order
of birthDATE OF BIRTH* March 11 1912
(Month) (Day) (Year)FULL* FATHER
NAME Everett Murrish DeceasedFULL* MOTHER
MAIDEN NAME Nellie Ruth DeceasedI HEREBY CERTIFY that the child described herein
has been namedClifford Murrish
(Give name in full) (Surname)

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 7/11/40

348-311-599